



ARKANSAS STATE BOARD OF NURSING

1123 S. University Avenue, Suite 800, University Tower Building, Little Rock, AR 72204
Phone: (501) 686-2700 Fax: (501) 686-2714 www.arsbn.org

RN/PN PROGRAM COMPLETION VERIFICATION

Directions: Out-of-state graduates may submit applications online. However, the program director cannot electronically verify program completion. This form must be completed by the program director **following** the applicant's completion of the nursing program. Graduates will not be issued a temporary permit nor approved to test until this form is received by the Board. Please submit this form to the Board at the fax number or address above.

Name of Applicant _____
FIRST MIDDLE MAIDEN LAST

I hereby recommend this graduate of _____
NURSING PROGRAM

STREET ADDRESS CITY STATE ZIP

to the Arkansas State Board of Nursing and certify that this person completed the:

- ☐ RN associate degree;
- ☐ RN baccalaureate degree;
- ☐ RN diploma program; or
- ☐ practical nurse program

on the _____ day of _____, 20____

SIGNATURE OF NURSING DIRECTOR

TITLE

DATE